

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Ferris State University

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** N/A

**Address of Service Provider:** 901 S. State Street, Big Rapids, MI 49307

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** Dale Hobart

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Ferris State University, 1301 S. State Street, Big Rapids, MI 49307

**Telephone Number of Designated Agent:** (231) 591-3885

**Facsimile Number of Designated Agent:** (231) 591-2914

**Email Address of Designated Agent:** hobartd@ferris.edu

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 2/9/00

**Typed or Printed Name and Title:** Richard Duffett, VP of Administration & Finance

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

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**RECEIVED**

**FEB 15 2000**

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